EHR Reporting Program Task Force 2021

Raj Ratwani, Co-Chair
Jill Shuemaker, Co-Chair
September 2, 2021
Meeting Agenda

• Call to Order/Roll Call

• Opening Remarks

• Recommendations for Standards Adoption and Conformance Measures

• Public Comment

• Final Remarks

• Adjourn
Health IT Advisory Committee
EHR Reporting Program Task Force Charge

• **Vision:** To address information gaps in the health IT marketplace among all stakeholders, including ONC, and provide insights on how certified health IT is being used

• **Overarching Charge:** Make recommendations to prioritize and improve the draft set of developer-reported, interoperability-focused measures for the ONC EHR Reporting Program

• **Specific Charges:** Review the draft developer-reported measures and supporting materials developed by the Urban Institute, under contract with ONC, and provide recommendations to prioritize the measures and suggest ways to improve the draft measures

  • Consider background research, reports, and other sources as relevant to inform analysis of draft measures
  • Consider both established and emerging measurement practices and capabilities, as well as technical, legal, and policy requirements
  • Consider the use, technical feasibility, and potential policy impacts of the draft measures
  • Prioritize the draft measures to elevate those with the most potential for addressing gaps and providing insights in the certified health IT marketplace

  • Consider ways to avoid placing undue disadvantage on small and startup health IT developers in reporting measures
  • Develop recommendations to inform revisions to improve an initial set of developer-reported measures
  • Suggest additional measures and measure categories to prioritize for subsequent iterations of the developer-reported measures
  • Approve recommendations for submission to the National Coordinator by September 9, 2021
## EHR Reporting Program Task Force Roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Raj Ratwani (Co-Chair)</td>
<td>MedStar Health</td>
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<td>Jill Shuemaker (Co-Chair)</td>
<td>American Board of Family Medicine Foundation</td>
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<td>Zahid Butt</td>
<td>Medisolv Inc</td>
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<td>Jim Jirjis</td>
<td>HCA Healthcare</td>
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<td>Bryant Karras</td>
<td>Washington State Department of Health</td>
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<td>Joseph Kunisch</td>
<td>Harris Health</td>
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<td>Steven Lane</td>
<td>Sutter Health</td>
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<td>Kenneth Mandl</td>
<td>Boston Children’s Hospital</td>
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<td>Abby Sears</td>
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<td>Sasha TerMaat</td>
<td>Epic</td>
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<td>Sheryl Turney</td>
<td>Anthem, Inc.</td>
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<td>Steven Waldren</td>
<td>American Academy of Family Physicians</td>
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Opening Remarks
Meeting Process

• Task Force lead will present initial thoughts and recommendations
• All Task Force members will discuss
• The Urban team will document agreed upon recommendations and recommendations for further discussion
• Recommendations report template will be used to record emerging themes from discussion and projected during the meeting
• Task Force Co-Chairs will summarize initial recommendations that emerged
Draft Domains and Measure Concepts

• Patient access
  • Use of different methods for access to electronic health information
  • Use of 3rd party patient-facing apps
  • Collection of app privacy policy

• Public health information exchange
  • Sending vaccination data to Immunization Information Systems (IIS)
  • Querying of IIS by health care providers using certified health IT

• Clinical care information exchange
  • Viewing summary of care records
  • Use of 3rd party clinician-facing apps

• Standards adoption and conformance
  • Use of FHIR profiles by clinician-facing apps (adjusted by #patients and #apps)
  • Use of FHIR profiles by patient-facing apps (adjusted by #patients and #apps)
  • Use of FHIR bulk data
Cross-Cutting Issues for Discussion

• How frequently should reporting occur (e.g., annually, 2x a year or quarterly)?

• How should the results be reported?
  • Are proposed sub-groups appropriate (e.g., demographic characteristics, setting)?
  • What are the implications of including measures that require data from developer’s customers (e.g., reporting by characteristics)?
  • Does the level of reporting make sense (e.g., client, product- vs. developer-level)?
  • Should reporting consist of distributional estimates (which show variation within developer) vs. a single value per developer?

• What is the appropriate look back period for numerator/denominator? For example, active patients seen within the last 12 or 24 months.

• Are other aspects of the numerators and denominators accurately specified?

• How feasible is it for developers to access, analyze, and report data, particularly for capturing subgroups? If not feasible today, what could be feasible by the timeframe for data collection in several years?

• How to address potential interpretation challenges?
  • Degree to which measures reflect quality rather than quantity or volume? More is not necessarily better for volume-based measures.
  • Extent to which measures reflect characteristics of geographic areas or clients (e.g., providers, app developers) as opposed to product itself?

• Is there any potential burden on users of certified health IT? Would reporting unduly disadvantage small / startup developers?

• Value of measure to provide insights for multiple stakeholders on interoperability, needs of patient-centered care or populations health?

• What unintended consequences does this measure risk causing?
Recommendations for Standards Adoption and Conformance Measures
Public Comment

To make a comment please call:
Dial: 1-877-407-7192

(Once connected, press “*1” to speak)

All public comments will be limited to three minutes.

You may enter a comment in the “Public Comment” field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time, but they will be delivered to members of the Task Force and made part of the Public Record.
Final Remarks
# Meeting Schedule

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<tr>
<th>Date</th>
<th>Topics</th>
<th>Current Assignments</th>
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<tbody>
<tr>
<td>July 15</td>
<td>Kickoff — introductions, overview of task force charge and plan for meeting topics and process, begin discussion of measures</td>
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<tr>
<td>July 22</td>
<td>Patient Access measures</td>
<td>Steve Waldren, Sheryl Turney</td>
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<td>July 29</td>
<td>Public Health information exchange measures</td>
<td>Bryant Karras, Sasha TerMaat</td>
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<td></td>
<td>Begin developing recommendations report</td>
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<td>Aug 5</td>
<td>Clinical Care information exchange measures</td>
<td>Abby Sears, Steven Lane</td>
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<td>Aug 12</td>
<td>Standards adoption and conformance measures</td>
<td>Ken Mandl, Jim Jirjis, Sasha TerMaat, Zahid Butt</td>
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<td>Data quality potential future measure</td>
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<tr>
<td>Aug 19</td>
<td>Review draft recommendations report and slide deck</td>
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<tr>
<td>Aug 25</td>
<td>Review final recommendations report and slides, plan for HITAC meeting</td>
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<tr>
<td>Sept 2</td>
<td>Standards adoption and conformance measures</td>
<td>Ken Mandl, Jim Jirjis</td>
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<td>Sept 9</td>
<td>HITAC meeting and vote</td>
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<tr>
<td>Sept 16</td>
<td>Hold for follow-up task force meeting if needed</td>
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Meeting Adjourned